



News Flash – Physicians and non-physician practitioners in all States and Washington, D.C. can now use the Internet-based Provider Enrollment, Chain and Ownership System (PECOS) to enroll, make a change in their Medicare enrollment, view their Medicare enrollment information on file with Medicare, or check on the status of a Medicare enrollment application via the Internet. CMS will make Internet-based PECOS available next year to organizational providers and suppliers (except durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers). For information about Internet-based PECOS, including important information that physicians and non-physician practitioners should know before submitting a Medicare enrollment application via Internet-based PECOS, go to <http://www.cms.hhs.gov/MedicareProviderSupEnroll/> on the CMS website.

MLN Matters® Number: MM6484

Related Change Request (CR) #: 6484

Related CR Release Date: May 29, 2009

Effective Date: January 1, 2009

Related CR Transmittal #: R1748CP

Implementation Date: July 6, 2009

July Update to the 2009 Medicare Physician Fee Schedule Database (MPFSDB)

Provider Types Affected

Physicians, non-physician practitioners and providers who submit claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs) and/or Part A/B Medicare Administrative Contractors (A/B MACs)) for professional services provided to Medicare beneficiaries that are paid under the Medicare Physician Fee Schedule (MPFS).

Provider Action Needed

This article is based on CR 6484, which amends payment files that were issued to Medicare contractors based on the 2009 MPFS Final Rule. Be sure billing staff are aware of the Current Procedure Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) changes made in this July Update to the 2009 MPFSDB.

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Background

Payment files were issued to contractors based upon the 2009 MPFS Final Rule. CR 6484 amends those payment files. Changes included in the July Update to the 2009 MPFSDB are as follows:

The following changes are effective for dates of service on and after January 1, 2009:

<u>CPT/HCPCS</u>	<u>ACTION</u>
50593	Bilateral indicator = 1
77421 Global	Physician Supervision Diagnostic Indicator = 09
77421 TC	Physician Supervision Diagnostic Indicator = 02
92025 Global	Bilateral Indicator = 2
92025 TC	Bilateral Indicator = 2
92025 26	Bilateral Indicator = 2

Note: Changes to CPT code 93351 were included in the April Update to the MPFSDB. Fully implemented facility practice expense relative value units (PE RVUs) were inadvertently not listed in Attachment 1 of the April update but were included on the payment files. Below are the fully implemented facility PE RVUs for CPT code 93351. This service is typically not paid under the Medicare physician fee schedule when provided in a facility setting and the fully implemented facility PE RVUs listed below are informational only.

93351 Global - Fully Implemented Facility PE RVU: 5.07

93351 TC - Fully Implemented Facility PE RVU: 4.15

93351 26 - Fully Implemented Facility PE RVU: 0.92

The following changes are effective for dates of service on and after July 1, 2009:

90670	Long Descriptor: Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
	Short descriptor: Pneumococcal vacc, 13 val im
	Procedure Status: X
92507	PC/TC Indicator = 7
92508	PC/TC Indicator = 7
92526	PC/TC Indicator = 7

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92597	PC/TC Indicator = 7
92607	PC/TC Indicator = 7
92608	PC/TC Indicator = 7
92609	PC/TC Indicator = 7
96125	PC/TC Indicator = 7
0199T	<p>Long descriptor: Physiologic recording of tremor using accelerometer(s) and gyroscope(s), (including frequency and amplitude) including interpretation and report</p> <p>Short descriptor: Physiologic tremor record</p> <p>Procedure Status: C</p>
0200T	<p>Long descriptor: Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device (if utilized), one or more needles</p> <p>Short descriptor: Perq sacral augmt unilat inj</p> <p>Procedure Status: C</p>
0201T	<p>Long descriptor: Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device (if utilized), two or more needles</p> <p>Short descriptor: Perq sacral augmt bilat inj</p> <p>Procedure Status: C</p>
0202T	<p>Long descriptor: Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine</p> <p>Short descriptor: Post vert arthrplst 1 lumbar</p> <p>Procedure Status: C</p>
Q2023	<p>Long descriptor: Injection, factor viii (antihemophilic factor, recombinant) (Xyntha), per i.u.</p> <p>Short descriptor: Xyntha, inj</p> <p>Procedure Status: E</p>
Q4115	<p>Long descriptor: Skin substitute, alloskin, per square centimeter</p> <p>Short descriptor: Alloskin skin sub</p>

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Q4116 Procedure Status: E
Long descriptor: Skin substitute, alloderm, per square centimeter
Short descriptor: Alloderm skin sub
Procedure Status: E

Additional Information

If you have questions, please contact your Medicare carrier, FI and/or MAC at their toll-free number which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip>
on the CMS website.

The official instruction, CR 6484, issued to your Medicare carrier, FI and/or MAC regarding this change may be viewed at

<http://www.cms.hhs.gov/Transmittals/downloads/R1748CP.pdf> on the CMS website.

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